

**Nebraska Department of Agriculture  
Bureau of Plant Industry, Entomology Division  
P.O. Box 94756  
Lincoln, NE 68509  
Phone (402) 471-2394 Fax (402) 471-6892**

**APPLICATION FOR A DEALER'S LICENSE**

Applications not received prior to February 1 shall be considered delinquent and shall have an additional delinquent fee assessed of 20% per month. Initial applications need to be received prior to the beginning of distribution. If not received prior to the beginning of distribution, initial applications shall be considered delinquent and shall have an additional delinquent fee assessed of 20% per month.

As a dealer, you shall acquire and distribute only nursery stock from a licensed grower or dealer approved by an authorizing agency within the state or origin, and recognized by this department. You shall supply and continually update a complete and accurate list of sources of nursery stock with our department.

This application shall be accompanied by a \$100 annual license fee for each location from which nursery stock is distributed.

Business Name \_\_\_\_\_

Manager's Name \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (work) \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web site \_\_\_\_\_

Tree spade operator? Yes \_\_\_\_\_ No \_\_\_\_\_ Size of Tree Spade: \_\_\_\_\_

Do you distribute nursery stock outside of Nebraska? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you wholesale nursery stock? Yes \_\_\_\_\_ No \_\_\_\_\_

I understand and will comply with the rules and regulations of the Plant Protection and Plant Pest Act.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

If the business is a sole proprietorship, please include the social security number of the individual: \_\_\_\_\_

(Use the reverse side of this application to list all sources of nursery stock.)

## SOURCES OF NURSERY STOCK

Please list all sources of nursery stock that you are utilizing.

Source Name

AddressCityStateZip[illegible]

FOR OFFICE USE ONLY

BUSINESS ID	_____	BILLMAILSW	_____	NUR-BOOK	_____
OPER-CODE	_____	CORRMAILSW	_____	GMTRAP	_____
YEAR-LIC	_____	CORRMAILSW	_____	JBTRAP	_____
CORPHEADNO	_____	APPLICRECD	_____		